

All-Payer Claims Database: Overview of Efforts in Massachusetts



DIVISION OF
Health Care
Finance and Policy

A variety of Massachusetts state agencies currently collect health care claims data

- Health care claims data are currently collected by a variety of government entities in various formats and levels of completeness
 - Health Care Quality and Cost Council (to populate its website and to create public use or limited use datasets for research purposes)
 - Group Insurance Commission (to support its Clinical Performance Improvement Initiative)
 - Division of Insurance (to produce HMO utilization reports)
- Other state entities, such as the Department of Public Health and the Commonwealth Connector Authority, and researchers have also requested access to claims data
- The claims data collected currently is limited and does not fully meet the needs of its users:
 - Does not include self-insured (approximately 34% of \$\$), Medicare (15%), and Medicaid (15%) claims
 - Does not include other payments to providers that would be required to estimate the full cost of care
 - Does not include member benefit/coverage information
- Unlike other state agencies, M.G.L. c. 118G, §§ 6 and 6A provide the Division of Health Care Finance and Policy (DHCFP) with broad authority to collect health care data



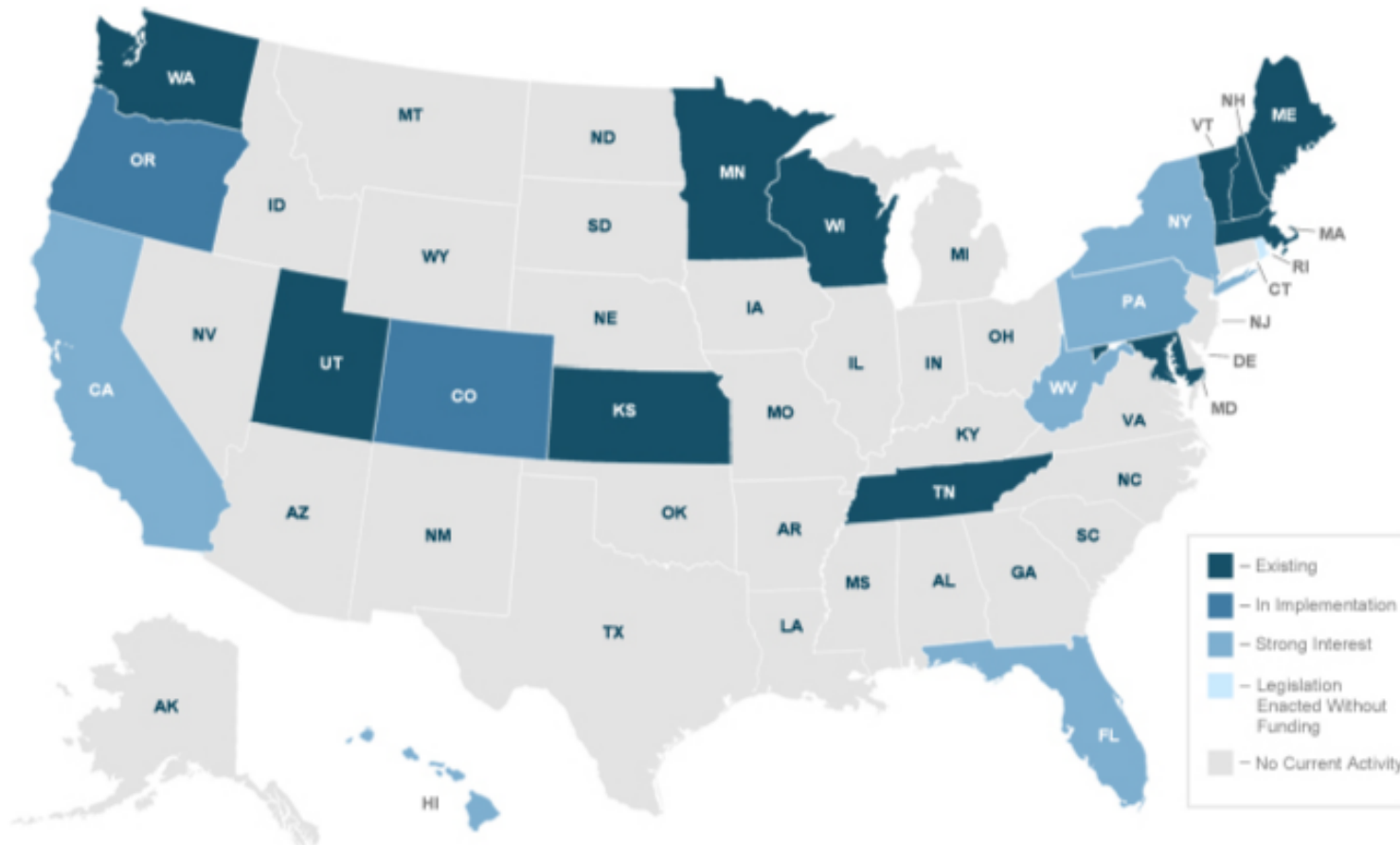
Given its broader statutory authority, DHCFP will develop an all-payer claims database (APCD)

- What is an all-payer claims database (APCD)?
 - Components include medical claims, dental claims, pharmacy claims, and information from member eligibility files, provider files, and product files
 - It will include fully-insured, self-insured, Medicare, and Medicaid data
 - It will also include clear definitions of insurance coverage (covered services, group size, premiums, co-pays, and deductibles) and carrier-supplied provider directories
 - It will protect and de-identify personal and sensitive information
- The result is a dataset that allows a broad understanding of cost and utilization across institutions and populations

What is DHCFP's vision for the APCD?

- Provide objective analysis on health care costs and quality
 - The APCD will provide timely, valid, and reliable health care claims data for the purposes of informing the development of health care policies in the Commonwealth and inform the development of performance measures to evaluate payment methodologies and support integrated health care delivery models.
- Facilitate administrative simplification
 - The APCD will serve as the central repository for all health care claims submission for Massachusetts state agencies. Massachusetts payers can submit claims data to the APCD, and DHCFP will provide the required data extracts to sister agencies, which will result in administrative simplification for payers.
 - The Massachusetts technical specifications for submissions are aligned with APCD efforts in other states, particularly in New England, where payers may be subject to compliance from multiple states. This positions Massachusetts and other New England states to serve as a regional and national model for data specifications that will facilitate further savings.
- Promote transparency initiatives
 - The availability and release of all-payer claims data in pre-determined modules will enhance public and private research projects related to cost, medical service utilization, health care quality, and comparative effectiveness in order to facilitate transparency within the Massachusetts health care delivery system.

DHCFP's development of an APCD is consistent with a growing national trend



All-Payer Claims Database: Critical milestones

When	Milestone
April 2010	DHCFP issued a notice of public hearing and released draft regulations for both collection and release of health care claims data
May 2010	DHCFP held a public hearing on the proposed regulations
July 2010	DHCFP adopted final regulations
October 2010	DHCFP collected self-insured data for cost trends analyses
February 2011	Health care payers began submitting all health care claims data for November 2010, December 2010, and January 2011 to DHCFP
March 2011	Payers began submitting regular data updates, on a monthly basis
May 2011	Payers will submit all health care claims data for 2008, 2009, and 2010 to DHCFP
TBD	DHCFP will make data sets available for sister agencies to utilize and thereby reduce duplicative data requests (promotes administrative simplification)
TBD	Files of data for public use and restricted use will be made available through an application process